S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30350

BIRTH NO. FILED SEP 17 1956 REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5441 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Third Creek
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Farm Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN: Bland
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Bland, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Julius b. (Middle) William c. (Last) Rinne
4. DATE OF DEATH (Month) (Day) (Year): Sept. 6, 1956
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 5, 1885
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (City and State or Foreign Country): Beemont, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Henry J. Rinne
13b. MOTHER'S MAIDEN NAME: Anna Marie Birkman
14. NAME OF HUSBAND OR WIFE: Mary Schneider Rinne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): **
16. SOCIAL SECURITY NO.: 496-40-9647
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary Rinne — ADDRESS: Bland, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart disease — INTERVAL BETWEEN ONSET AND DEATH: 12 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none 421.4

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 19 1956, *to* Sept 5, 1956, *that I last saw the deceased alive on* Aug 29, 1956, *and that death occurred at* 7:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Bunge M. D.
23b. ADDRESS: Bland Mo.
23c. DATE SIGNED: 9-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-9-1956
24c. NAME OF CEMETERY OR CREMATORY: Schneider Cemetery
24d. LOCATION (City, town, or county) (State): Cooper Hill, Mo.

DATE REC'D BY LOCAL REG.: September 8, 1956
REGISTRAR'S SIGNATURE: Mrs. Velma Winter Dep.
25. FUNERAL DIRECTOR'S SIGNATURE: Milford H H Winter — ADDRESS: OWENSVILLE

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

493-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Milford H. H. Winte

Licensed Embalmer No....38.

P. O. Address OWENSO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.